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Bib Data Sheet

CONFIRMATION NO. 8623

SERIAL NUMBER 10/760,545	FILING OR 371(c) DATE 01/21/2004 RULE	CLASS 455	GROUP ART UNIT 2617	ATTORNEY DOCKET NO. 2380-784
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** CONTINUING DATA ***** N/A GA
** FOREIGN APPLICATIONS ***** N/A GA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/28/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 4	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 6	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials GA			

ADDRESS

23117

TITLE

Quality of service controlled link adaptation

FILING FEE RECEIVED 1680	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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